

.CLAIMS ONLY

Application Number _____

Filing Date

Applicant(s)

* May be used for additional claims or amendments

May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						